Decorporate territorios askirk, in the field

with mation provides. The notific you to the aminimum notifier the sole

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2017

OMB No 1545-1150

Open to Public Inspection

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public

	Inter	nal Reve	nue Service		GO TO WW	w.irs gov/re	orm990EZ 11	or instructions a	nu the la	itest inion						
	A F	or the	2017 calenda	ar year, or ta	ax year beg	nning	Jan	uary 1	, 2017,	and endin	g D	ecembe	r 31	, 20 1	17	
	В	heck if ap	plicable	C Name of c	organization	h.					D Em	ployer ic	dentification	on number	I	
		Address c	hange	Educational	Advanceme	nt Fun Inter	national						41206874	15		
		Name cha	nge	Number and	street (or P O	box, if mail is	not delivered	to street address)	M	Room/suit	e E Tel	ephone r	number			
	<u></u> .	nitial retu	m	6584 Hawaii	Kai Drive					ĺ	i	8	30875446	52		
	\equiv		n/terminated	City or town,	state or provi	nce, country,	and ZIP or for	eign postal code		<u></u>	F Gr	OUD Exe	emption		-	
	=	\mended	return n pending	Honolulu, HI				J .		o 7		Number ▶ [#				
			ing Method	Cash	Accrua	Other (s	pecify) >							anization is		
		/ebsite		_	Accida	, 011101 (3	poony, -						tach Sche			
			npt status (che		- F01/a)	(3) 501	(a) /) a	lagget ag) 🗆 404	17(a)(1) o	r			0-EZ, or		L	
						Trust		 	Other		(1 01111					
			organization			_	_	receipts are \$200		more or if	total asset					
								Form 990-EZ	7,000 01 1	nore, or ir	ioiai assei	ა ▶ 4	•			
		art i							Palana	00 /000 1	the inetri	, otropi	o for Do	rt () F		
ற				•		_		sets or Fund				JUHON	5 101 Fa	rci) 🕰	r :	
2019	_							pond to any qu	estion	in this Pa	ודנ ו				1	
	П	1		ons, gifts, gi								1		130	250	
4	П	2	_				nent tees a	nd contracts				_2			_	
0	hι	3		ip dues and	assessme	ents						_3_			0	
AB	i.	4	Investment						1	1		4	ļ			
≊		5a	Gross amo	ount from sa	ale of asset	s other tha	in inventory	1	5a			_				
Ω		b		or other ba		•			5b	İ		_				
当		С	-			other than	ninventory	(Subtract line 5	b from I	ıne 5a)		_5c			_	
\neq		6	-	id fundraisir	-								-			
8	۵.	a	Gross inc	ome from	gaming (a	attach Sch	nedule G	if greater thai	٦ _.							
SCANNED MAR	μe		\$15,000)						6a			'	1			
Ś	Revenue	b	Gross inco	me from fu	ndraising e	vents (not	including	\$	01	f contribu	tions					
	æ		from fundr	aising even	its reported	on line 1) (attach S	chedule G if the	9							
			sum of suc	ch gross inc	ome and c	ontribution	is exceeds	\$15,000)	6b							
		С	Less direc	t expenses	from gami	ng and fun	idraising ev	rents	6c							
		ď	Net incom	e or (loss)	from gamı	ng and fur	ıdraising ev	vents (add lines	6a and	d 6b and	subtract	7]	ì			
			line 6c)									6d				
		7a	Gross sale	s of invento	ry, less ret	urns and a	llowances		7a							
		b		of goods so	-				7b			7				
		С		_		of inventory	(Subtract	line 7b from line	e 7a)		·	7c				
		8	Otherwise	استحصمانا	C-b-	ار مار دا			—			8	 		-	
		9	Total reve	nue. Add III	nes 1, 2, 3,	4, 5c, 6d,	7c. and	CEIVED	-cal		•	9		130	74-	
		10	Ustants and	ı sımılar am	ollois baid	misi in Scr	10001111001111		<u> ଧ୍ର </u>		 	10~		***************************************		
		11	Benefits oa	aid to or for ther compe	members	(S DE	C 03 2018	RS-O			11				
	S	12	Salaries of	ther compe	nsation ar	id employe	e Manefits		12			12	 			
	se	13	Profession	al fees and	other navr	nents to in	tashnadah	CONSTRUCTOR OF CALLY	-			13				
	eu	14	Occupance	y, rent, utilit	use and m		Jepende C	Company or suff.				14				
	Expenses	,		ublications,				<u></u>				15	 		—	
		15	•				-						<u> </u>			
		16	•	enses (desc			<u>T</u>					16	 	120.04	 _	
		17		enses. Add			476	0)				17		128 847		
	ţ	18		(deficit) for t					.ma /^\	(m) (m) = = = = = = = = = = = = = = = = = = =		18	 	1 450	<u>.</u>	
	Net Assets	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)									1	. =	٠.			
	Ä		•		· ·	•	•	6 - .				19		17	<u> /1'</u> -	
	Vet	20		-				in Schedule O)				20				
	_	21	Net assets	or fund bal	ances at e	nd of year	Combine I	ines 18 through	20		>	21	1	19 153	3 7¢	

For Paperwork Reduction Act Notice, see the separate instructions

Cat No 106421

Form 990-EZ (2017)

Pa	Balance Sheets (see the instance Check if the organization uses		· ·	nv auestion in this l	Part II		1-1
	enount into organization doo	<u> </u>	<u> </u>		(A) Beginning of year	1	(B) End of year
22	Cash, savings, and investments				17,70	3 22	19,153 7
23	Land and buildings					23	
24	Other assets (describe in Schedule C	D)				24	
25	Total assets				17,70		19,153 7
26	Total liabilities (describe in Schedul					26	
27	Net assets or fund balances (line 2				17,70	3 27	19,153 70
Pal	Statement of Program Servi		•			,	Expenses
Mha	Check if the organization use it is the organization's primary exempt p		O to respond to a	iy question in this i	-art III	ا Req!	juired for section
		•		f to the control of t			c)(3) and 501(c)(4) nizations, optional foi
as r	cribe the organization's program service neasured by expenses. In a clear and cons benefited, and other relevant inform	l concise m	anner, describe the			othe	
28	Scholarship						
i.i.	(Grants \$) If t	this amount	ıncludes foreign gra	ants, check here	> 🗆	28a	75,972
29	Student exchange						
	(Grants \$) If t	this amount	ıncludes foreign gra	ants, check here	▶ □	29a	33,027 96
30	Summer/Winter camp						
			ıncludes foreign gra	ants, check here	>	30a	7,758 C
31	Other program services (describe in Sc	-					
20			includes foreign gra	ints, check here		31a	
	Total program service expenses (ad LIST of Officers, Directors, Trusto			a and ayon if not come	aggrated see the	32	128 847 30
I CII	Check if the organization used					ii iSii uc	HOUS FOR PARTIV)
	(a) Name and title	<u>a 501164416</u>	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to emplo benefit plans and	yee (e)	Estimated amount of other compensation
Kate	Zhou		1	(if not paid, enter -0-)	deferred compensation	on	
	ident		'	0		0	(
	erei Cheng 		1				
	Chairman			0		_0	(
Direc	and Wong	•••••	1	0		0	
	gjie Dong			0			
Trus			1	0		اه	(
	ua Zheng	_ - -					
EVP			. 1	0		0	C
Ying	chun Wang		1				
	surer			0		0	
	onao Chen		1				
CFO	<u></u>			0		0	(
Ze V			1				,
Secr	etary			0		0	(
						1	
		1					

Mail

		r	\	U
	990-EZ (2017)			Page
Par				
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	s Part		Т.
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	Yes	N
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		
b c	504/1/0 504/1/0 504/1/0	35b 35c		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		
37a b	Did the organization file Form 1120-POL for this year?	37b		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations Enter			
а	Initiation fees and capital contributions included on line 9			
b				
40a	section 4911 ▶, section 4912 ▶, section 4955 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization.			
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ▶ Telephone no ▶			
	Located at ► ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over			

	Located at ► ZIP + 4 ►			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	[Yes	N
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		_
	If "Yes," enter the name of the foreign country ▶			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
С	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		
	If "Vac " enter the name of the foreign country.			

	Tes, enter the hame of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		1	▶ [.
	and enter the amount of tax-exempt interest received or accrued during the tax year	43		
			Yes	No

44a	Did the organization	maintain any	donor	advised	funds	during	the	year?	lf	"Yes,"	Form	990	must	be
	completed instead of	Form 990-EZ												
	- ·								<u> </u>		_			

b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must	l be
	completed instead of Form 990-EZ	

С	Did the organization receive	any payments	for	ındoor	tannıng	services	during the	year?

d	If "Yes" to line 44c, has the organization	n filed a	Form 72	0 to report	these payments	s? If "N	o," provide	ar
	explanation in Schedule O							

45a	Did the organization have a contr	olled entity within the	meaning of section 512(b)(13)?
-----	-----------------------------------	-------------------------	--------------------------------

h	Did the organization receive any payment from or engage in any transaction with a controlled entity within the
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of
	Form 990-EZ (see instructions)

44a

44b 44c

46	Did the organization engage, directly or to candidates for public office? If "Yes,"	complete Schedule C		behalf of or in oppos	46 4					
Part	All section 501(c)(3) organization 50 and 51	ons must answer que			ne tables for lines					
	Check if the organization used S	chedule O to respond	to any question in t	his Part VI	Vac No					
47	Did the organization engage in lobbyin year? If "Yes," complete Schedule C, P.		section 501(h) electio	n in effect during the	e tax 47					
48 49a b 50	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," was the related organization a section 527 organization? Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and keeping who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"									
	(a) Name and little of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employed benefit plans and deferred compensation	(e) Estimated amount of					
51	Total number of other employees paid of Complete this table for the organization \$100,000 of compensation from the organization and business address of each independent of the compensation of the compensation from the organization of the compensation of the compensa	n's five highest comp ganization If there is no	ensated independent one, enter "None " (b) Type of serv		ch received more tha					
			-							
					 					
d 52	Total number of other independent con Did the organization complete Sche completed Schedule A			►	ch a ▶[汉] Yes □ No					
Under p	penalties of perjury, I declare that I have examined the prrect, and complete Declaration of preparer (other the	is return, including accompar nan officer) is based on all info	nying schedules and stateme ormation of which preparer I	ents, and to the best of my has any knowledge	knowledge and belief, it is					
Sign Here	Signature of officer Kate Type or print name and title	hoy , Pres	sident	Daic /0/,	1/18					
Paid Prep		Preparer's signature	Da	Check C						
•	Only Firm's name			Firm's EIN ▶						
	Firm's address ►	vor about about 2 Coo	unctructions.	Phone no	N Fly- Fly					
iviay ti	the IRS discuss this return with the prepare	rer snown above / See	INSTRUCTIONS		Yes No					

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust

➤ Attach to Form 990 or Form 990-EZ

► Go to www irs gov/Form990 for instructions and the latest information

OMB No. 1545 0047

Department of the Treasury Internal Revenue Service

Name of the organization

Educational Advancement Fun International

Employer identification number 41-2068745

Pai	Reason for Public Char	ity Status (All	organizations must	complet	te this pa	art) See instructio	ns	
The o	organization is not a private foundat	ion because it is	s (For lines 1 through	12, chec	k only on	ie box)		
1	A church, convention of church	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).						
2	☐ A school described in section 170(b)(1)(A)(ii) (Attach Schedule E (Form 990 or 990-EZ))							
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii)							
4	A medical research organization						iii) Enter the	
•	hospital's name, city, and state		,					
5	An organization operated for the		college or university	owned o	r operate	d by a government	al unit described in	
	section 170(b)(1)(A)(IV). (Comp	lete Part II)						
6	☐ A federal, state, or local govern	ment or governi	mental unit described	ın sectio	on 170(b)	(1)(A)(v)		
7	An organization that normally r	eceives a subst	tantial part of its supp	port from	a govern	nmental unit or from	the general public	
	described in section 170(b)(1)(A)(vi). (Complet	e Part II)					
8	A community trust described in	section 170(b)	(1)(A)(vi) (Complete F	Part II)				
9	An agricultural research organiz	zation described	In section 170(b)(1)	(A)(ıx) op	erated in	conjunction with a l	and-grant college	
	or university or a non-land-granuniversity	nt college of agri	culture (see instruction	ons) Ente	r the nam	ne, city, and state of	the college or	
10	An organization that normally re	eceives (1) more	e than 33½% of its su	ipport fro	m contrib	outions, membership	o fees, and gross	
	receipts from activities related support from gross investment	to its exempt fur	nctions—subject to co	erlain exc	ceptions,	and (2) no more than	n 33 i% of its	
	acquired by the organization af	ter June 30, 197	'5 See section 509(a	1)(2) (Cor	nolete Pa	art III)	DUSITIOSSUS	
11	An organization organized and							
12	An organization organized and						ry out the purposes	
	of one or more publicly support							
	Check the box in lines 12a throu							
а	▼ Type I A supporting organi	zation operated	, supervised, or contr	olled by i	ts suppoi	rted organization(s),	typically by giving	
	the supported organization(
	supporting organization Yo	u must comple	ete Part IV, Sections	A and B				
b	Type II. A supporting organ	ization supervis	ed or controlled in co	nnection	with its s	upported organizati	on(s), by having	
	control or management of t	he supporting o	rganization vested in	the same	persons	that control or man	age the supported	
	organization(s) You must o	omplete Part I	V, Sections A and C.					
С	Type III functionally integr						ally integrated with	
	its supported organization(s							
d								
	that is not functionally integ						d an attentiveness	
	requirement (see instruction							
е		zation received	a written determination	on from th	ne IRS tha	at it is a Type I, Typo	e II, Type III	
	functionally integrated, or T		tionally integrated sur	oporting o	organizati	ion		
f		•						
<u>g</u>						, ——— —		
	(i) Name of supported organization	(II) EIN	(iii) Type of organization (described on lines 1 10	(iv) is the o	organization or governing	(v) Amount of monetary support (see	(vi) Amount of other support (see	
			above (see instructions))		ment?	instructions)	instructions	
					····			
				Yes	No -		- .	
(A)								
				<u></u>				
(B)								
					<u>-</u>			
(C)								
(D)								
(E)				-				

Total

Part							
	(Complete only if you checked th						alify under
	Part III If the organization fails to	qualify unde	er the tests lis	sted below, p	lease comple	ete Part III)	
~	on A. Public Support			1		1 1 2017	/
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	, , ,	·				
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge		! I	/			
4	Total. Add lines 1 through 3						
	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f))	/	/			
6	Public support. Subtract line 5 from line 4						
	on B. Total Support	1		I		T	, _
	dar year (or fiscal year beginning in)	- (a) 2013	(b) /2014	. (c) [:] 2015	(d) 2016	(e) 2017	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from	:		-			
	similar sources	/		•	ĺ		•
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc	(see instruction	ons)			12	
13	First five years. If the Form 990 is for the organization, check this box and stop he	re		d, third, fourth	i, or fifth tax y	ear as a sectio	in 501(c)(3) ► □
Secti	on C. Computation of Public Suppor						
14 15 16a	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) Public support percentage from 2016 Schedule A, Part II, line 14 33¹/3% support test—2017. If the organization did not check the box on line 13, and line 14 is 33¹/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
b	33½% support test—2016. If the organithis box and stop here. The organization					ıs 33 ¹ /3% or m	_
17a							
b							
18	Private foundation. If the organization di instructions	d not check a	box on line 13,	, 16a, 16b, 17a	ı, or 17b, chec	k this box and	

Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II

	If the organization fails to qualify	under the tes	sts listed belo	ow, please co	mplete Part I	<u> </u>	
	on A. Public Support	.=		· · · · ·			
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Fotal
1	Gifts, grants, contributions, and membership fees						
_	received (Do not include any "unusual grants")	241,646	140 691	85,866	140 905	130 298	739,406
2	Gross receipts from admissions, merchandise sold or services performed, or facilities	i					
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an					/	
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to	j					
	or expended on its behalf						
5	The value of services or facilities					ì	
	furnished by a governmental unit to the			l l			
	organization without charge	244.646	110.501	85,866	140.005	120 200	739,406
6	Total. Add lines 1 through 5	241,646	140,691	85,866	140,905	130 298	739,406
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
	· · · · · ·						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b			<u>'</u>	-		
8	Public support. (Subtract line 7c from						
J	line 6)		/				
Secti	on B. Total Support				I		
	idar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	241,646	140 691	85,866	140 905	130 298	739,406
10a	Gross income from interest, dividends,		7				
	payments received on securities loans, rents,		/				
	royalties, and income from similar sources		/				
b	Unrelated business taxable income (less		1				
	section 511 taxes) from businesses		/				
	acquired after June 30, 1975		1				.
С	Add lines 10a and 10b						
11	Net income from unrelated business	1					
	activities not included in line 10b, whether	- 1					
	or not the business is regularly carried on						
12	Other income Do not include gain or	Ť					
	loss from the sale of capital assets						
	(Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11,						- 00 .00
	and 12)	241,646	140 691	85,866	140 905	130 298	739,406
14	First five years. If the Form 990 is for the	-	r's first, secon	a, thira, fourth	, or fifth tax ye	ear as a sectio	
<u> </u>	organization, check this box and stop her						▶ [
	on C. Computation of Public Suppor			2 column (0)		15	100 %
15	Public support percentage for 2017 (line & Public support percentage from 2016 Sch			3, COIUITIII (I))		16	100 %
16 Socti	ion D. Computation of Investment Inc					10	100 78
17	Investment income percentage for 2017 (I			v line 13. colur	mn (fl)	17	0 %
18	Investment income percentage from 2016			y iirie 10, coidi	(1))	18	0 %
19a	331/3% support tests—2017. If the organi			on line 14. ar	nd line 15 is m		
134	17 is not more than 331/3%, check this box						
b	331/3% support tests – 2016. If the organiz						
D	line 18 is not more than 331/3%, check this t						
20	Private foundation. If the organization di						

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Secti	on A. All Supporting Organizations			,
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	За		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 79 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI	9с		
10a		10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	106		

JUNEQU	36 A (FORM 950 0) 950-62) 2017			age
Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			·
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			Î
	below, the governing body of a supported organization?	11a	~	
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		<u> </u>
Secti	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			ļ
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		Ì	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	i '	
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	1		ĺ
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2	'	1
Secti	ion C. Type II Supporting Organizations		L	·
0001	on o. Type a supporting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	110
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	١.,		
Conti		1		i
Secti	ion D. All Type III Supporting Organizations		\ \ \	-
_			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	1		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
_		1		<u> </u>
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			ļ
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		<u> </u>
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		<u> </u>
Secti	ion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	ınstru	ctions	s)
а	☐ The organization satisfied the Activities Test Complete line 2 below			•
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below</i>			
c	The organization is the parent of each of its supported organizations. Complete time of below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (lenn in	ctruct	onel
·	The organization supported a governmental entity bescribe in rain vision you supported a government entity [366 111	30 C/C /	
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined]	
	that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
~	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	26		
3		2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard	3b	ı i	1

instructions)

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	janı	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	tru:	st on Nov 20, 1970 (exp	ain in Part VI) See
instructions. All other Type III non-functionally integrated supporting organ	ıızat	ions must complete Sect	ions A through E
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3	= = 4.4 4.444	
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c	,-	
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 Oheck here if the current year is the organization's first as a non-functional	ly in	tograted Type III support	ing organization (see

Part	Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)			
Sect	Section D - Distributions					
_ 1	Amounts paid to supported organizations to accomplish					
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity					
3	Administrative expenses paid to accomplish exempt purp	nizations				
4	Amounts paid to acquire exempt-use assets	,0000 0. 00pp 0. 100 0. ga				
5	Qualified set-aside amounts (prior IRS approval required)					
6	Other distributions (describe in Part VI) See instructions					
7	Total annual distributions. Add lines 1 through 6					
8	Distributions to attentive supported organizations to whic (provide details in Part VI) See instructions	h the organization is res	ponsive			
9	Distributable amount for 2017 from Section C, line 6					
10	Line 8 amount divided by line 9 amount					
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(II) Underdistributions Pre-2017	(III) Distributable Amount for 2017		
1	Distributable amount for 2017 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in Part VI) See instructions			-		
_ 3	Excess distributions carryover, if any, to 2017					
a						
b	From 2013					
с	From 2014 '					
d	From 2015					
e	From 2016					
f	Total of lines 3a through e					
g	Applied to underdistributions of prior years					
<u>h</u> _	Applied to 2017 distributable amount					
	Carryover from 2012 not applied (see instructions)					
<u>j</u>	Remainder Subtract lines 3g, 3h, and 3i from 3f					
4	Distributions for 2017 from					
	Section D, line 7 \$					
a	Applied to underdistributions of prior years					
	Applied to 2017 distributable amount					
c	Remainder Subtract lines 4a and 4b from 4					
5	Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions					
6	Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI. See instructions					
7	Excess distributions carryover to 2018 Add lines 3j and 4c					
. 8	Breakdown of line 7					
a	Excess from 2013					
b	Excess from 2014					
с	Excess from 2015					
d	Excess from 2016					
е	Excess from 2017					

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)
	·
	·
	·
	·

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number

Internet Teaching-volunteers teach students English in rural China through internet: \$7,096.87		
·		
students exchange. \$33,027 96		
sholarships · \$75,974 00		
310/813/1/95 \$73,374 00		
Minhada (2000)		
Winter/summer camps \$7,758.04		
,		
<u>, 18-11</u>		
9 43		
r		
	. g	
	•	
• •		
Λ, - <u>Δ</u>		
·		
· · · · · · · · · · · · · · · · · · ·		
•••••		
		<u>-</u>
,		
·	· ;	
		- -